A Coaches Guide to Eating Disorders

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Sport participation can be a very positive experience for an individual in that it can aid in developing self-esteem, a sense of competence, and physical conditioning, in addition to providing opportunities for healthy competition. At the same time, there are aspects of the sport environment that can increase a person’s risk for developing disordered eating. This concern, however, should not be misconstrued to mean that sport participation should be avoided. It is not sport or sport participation that needs to be avoided, but rather the risks often found in the environment.

Eating Disorders: What They Are and What They Are Not
Eating disorders are not simply “disorders of eating.” Also, they are not simply a misguided attempt to be thin; nor are they simply a sport participant’s means to reduce body weight or body fat in an effort to enhance sport performance. They are mental disorders that manifest themselves in a variety of eating and weight-related signs and symptoms. They are not caused by sports or coaches, although sports and coaches can increase the risk of developing such a disorder or exacerbate an existing disorder. Rather, they are potentially life-threatening disorders with multiple determinants and risk factors, including socio-cultural, familial, and personality factors, as well as genetics.

Identification difficulties.
Athletes are probably more at risk for developing eating disorders than non-athletes because they experience the same eating disorder risks as non-athletes but also face additional risk factors within the sport environment. Because treatment cannot occur until the athlete has been identified as symptomatic, a risk to athletes is that identification is more complicated in the sport environment. Several issues can make identification more difficult. One of these is the (mis)perception of eating disorder symptoms as “normal” or even desirable. For example, dieting, weight loss, and excessive exercise are eating disorder symptoms. However, in the sport world, where leanness and hard training are desirable traits rewarded by many coaches, such symptomatic behaviors, along with perfectionism, are apt to be viewed as traits of a good athlete. Even physiological symptoms such as amenorrhea may be viewed as “normal.” The
aforementioned symptoms are even less likely to be viewed as symptoms when the athlete is performing well, because there is often a “presumption of health” with good sport performance.

**Recommendations for Coaches**

Coaches are in the ideal position to identify symptomatic athletes because they spend so much time with them. It is therefore important for coaches to be aware of the physical/medical and psychological/behavioral signs and symptoms of disordered eating. (See Table) Additionally, coaches have considerable influence with their athletes. Thus, their comments about weight are very powerful. As tempting as it may be to focus on loss of body weight or body fat to enhance sport performance, athletes and coaches need to be aware of issues regarding not only sport performance but also health. Sport performance is like most human behaviors in that it is determined by multiple factors. Leanness for some athletes is probably one of them, but it is one that is likely to increase the risk of disordered eating. Focusing on the other factors such as mental preparation, confidence, and physical factors such as endurance, strength, etc. is less likely to increase the risk. Other than genetics, the factor that probably plays the greatest role in sport performance is (good) health, and other than genetics probably the greatest contributor to good health is good nutrition. Additional information is available to coaches on managing disordered eating from the *NCAA Coaches Handbook: Managing the Female Athlete Triad* (NCAA, 2005). To download the manual, go to [http://www.ncaa.org/wps/ncaa?ContentID=1446](http://www.ncaa.org/wps/ncaa?ContentID=1446), then follow the link to Female Athlete Triad Prevention. *Eating Disorders in Sport* (Thompson & Sherman, 2010) provides a thorough discussion of the above topics.

**It’s Time to Talk About It.** Get involved in NEDAwareness Week 2011, February 20-26! Visit the NEDAwareness Week homepage under Programs & Events at [www.NationalEatingDisorders.org](http://www.NationalEatingDisorders.org) to register today and learn more about how you can do just one thing to help raise awareness about eating disorders and become part of the solution. **Helpline:** 800 931-2237

**References**


**Table. Disordered Eating: Signs and Symptoms**

Caution: The fact that an athlete displays some of the characteristics below does not confirm that the athlete is engaging in disordered eating. However, the likelihood increases as more signs and symptoms are evident. Also note that this is not a complete list of symptoms, but rather includes the most common ones.

**Physical/Medical Signs and Symptoms**

1. Amenorrhea
2. Dehydration
3. Gastrointestinal Problems
4. Hypothermia (cold intolerance)
5. Stress Fractures (and overuse injuries)
6. Significant Weight Loss
7. Muscle Cramps, Weakness or Fatigue
8. Dental and gum Problems

Psychological/Behavioral Signs and Symptoms
1. Anxiety and/or Depression
2. Claims of “Feeling Fat” Despite Being thin
3. Excessive Exercise
4. Excessive use of Restroom
5. Unfocused, Difficulty Concentrating
6. Preoccupation with Weight and Eating
7. Avoidance of Eating and Eating Situations
8. Use of Laxatives, Diet Pills, etc.